



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	00862.023195	
		First Named Inventor or Application Identifier		
		HIROYUKI SAITO, ET AL.		
		Express Mail Label No.		

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

<div style="display: flex; justify-content: space-between;"><div><div>1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small></div><div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div><div>3. <input checked="" type="checkbox"/> Specification <div style="display: flex; justify-content: space-between;"><div>Total Pages</div><div><input type="text" value="44"/></div></div></div><div>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <div style="display: flex; justify-content: space-between;"><div>Total Sheets</div><div><input type="text" value="8"/></div></div></div><div>5. <input checked="" type="checkbox"/> Oath or Declaration <div style="display: flex; justify-content: space-between;"><div>Total Pages</div><div><input type="text" value="2"/></div></div><div>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small><div style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div><div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div></div><div style="width: 50%; vertical-align: top; padding: 5px;"><div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></div><div>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div style="margin-left: 20px;">b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> paper</div></div><div style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</div></div></div></div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"><tr><td colspan="2" style="text-align: center;">ACCOMPANYING APPLICATION PARTS</td></tr><tr><td style="width: 50%; vertical-align: top; padding: 5px;"><div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</div><div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></div><div>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></div><div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div><div>13. <input type="checkbox"/> Preliminary Amendment</div><div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div><div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div><div>16. <input type="checkbox"/> Other: _____</div></td><td style="width: 50%;"></td></tr></table> <div style="margin-top: 10px;"><p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%;"><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Continuation</div><div><input type="checkbox"/> Divisional</div><div><input type="checkbox"/> Continuation-in-part (CIP)</div></div><p><small>Prior application information: Examiner _____</small></p></div><div style="width: 35%;"><p>of prior application No. ____ / ____</p><p>Group/Art Unit: _____</p></div></div><p><small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p></div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"><tr><td colspan="6" style="text-align: center;">18. CORRESPONDENCE ADDRESS</td></tr><tr><td colspan="2" style="width: 35%;"><div><input checked="" type="checkbox"/> Customer Number or Bar Code Label</div></td><td colspan="2" style="width: 30%; text-align: center;"><div>05514</div><div><small>(Insert Customer No. or Attach bar code label here)</small></div></td><td colspan="2" style="width: 35%;"><div><input type="checkbox"/> Correspondence address below</div></td></tr><tr><td colspan="2">NAME</td><td colspan="4"></td></tr><tr><td colspan="2">Address</td><td colspan="4"></td></tr><tr><td>City</td><td>State</td><td></td><td>Zip Code</td><td colspan="2"></td></tr><tr><td>Country</td><td>Telephone</td><td></td><td>Fax</td><td colspan="2"></td></tr></table>	ACCOMPANYING APPLICATION PARTS		<div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></div> <div>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Other: _____</div>		18. 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16235 U.S. PTO
10/650728
08/29/03



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	19-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 84.00 =	\$84.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
			Total of above Calculations =		\$834.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$834.00

19. Small entity status

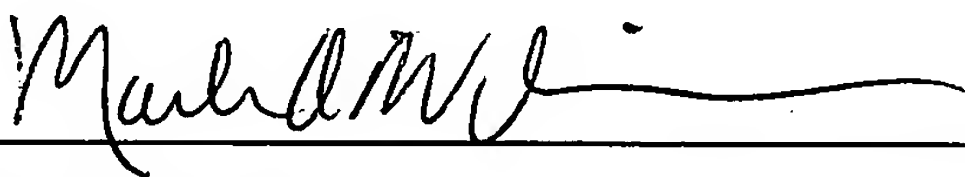
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 834.00 to cover the filing fee is enclosed.

21. ☒ A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Mark A. Williamson - Reg. No. 33,628
SIGNATURE	
DATE	August 29, 2003

MAW/kkv

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